



New Philadelphia Police Department
Jeffrey L. Urban-Chief of Police
122 2nd Street, S.E.
New Philadelphia, Ohio. 44663
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POLICE DEPARTMENT ACCIDENT REPORT

EMPLOYEE NAME: DAVID Cimperman DATE: 02-21-2011
ADDRESS: 122 2nd St. S.E. TIME: 2100hrs

SOCIAL SECURITY NUMBER: _____

DATE OF ACCIDENT: 02-21-2011 TIME OF ACCIDENT: 1900hrs

PART OF BODY INJURED: _____

EXPLANATION OF HOW ACCIDENT OCCURRED: Officer exited the police CRUISER.

The unoccupied police CRUISER rolled forward AND contacted the rear quarter panel
of the Highway Patrol CRUISER

WITNESS TO ACCIDENT: Trooper Durbin

ADDRESS WHERE ACCIDENT OCCURRED: Commercial Parkway - Dover.

WAS EMPLOYEE USING PROPER SAFETY EQUIPMENT (CHECK WHAT APPLIES)

___ SEAT BELT ☒ BULLETT RESISTANT VEST ___ GLOVES


___ TRAFFIC CONTROL VEST (GREEN) ___ PROTECTIVE GLASSES

___ EAR PROTECTION ___ GAS/BIOLOGICAL MASK ___ HELMET

ARE YOU SEEKING MEDICAL TREATMENT? No

HOSPITAL/DOCTOR: _____ ADDRESS: _____

EMPLOYEE SIGNATURE [Signature]

TRAFFIC CRASH REPORT																											
		CRASH REPORT # 11-1470		CRASH SEVERITY 3 1 FATAL/HEAVY 2 INJURY 3 UNKNOWN		PRIVATE PROPERTY X YES		HITSKIP 1 1 NONE 2 SOLID 3 UNKNOWN		PHOTOS TAKEN X YES		OH-2 OH-3 OH-1P OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
N.C.I.C. # 07902		REPORTING AGENCY DOVER POLICE DEPARTMENT				# UNITS 2		UNIT ERROR 01 98 ANIMAL 99 UNKNOWN		DATE OF CRASH 2/2/2011																	
TIME OF CRASH 18:58		DAY OF WEEK MON		CITY/VILLAGE/TOWNSHIP CITY		NAME (OF CITY, VILLAGE OR TOWNSHIP) DOVER		COUNTY # 79		LATITUDE		LONGITUDE															
CRASH OCCURRED ON				TYPE LOCATION POINT USED				LOCAL INFORMATION																			
PREFIX		CRASH LOCATION				TYPE LOC		1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE		901 COMMERCIAL PARKWAY																	
DIST. REF		OR		PREFIX		REFERENCE		REF POINT		REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION OF TWO STREETS 03 COUNTY LINE 04 POCKET NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORROGATED LIGHT 08 PLACE NAME WITHOUT REFERENCE																	
A UNIT # 01		# OF OCC 0		NAME (LAST, FIRST, MIDDLE)																							
ADDRESS (STREET, CITY, STATE, ZIP CODE)																											
SOCIAL SECURITY NUMBER				DATE OF BIRTH 11		AGE		SEX		HOME PHONE #		WORK PHONE #															
DL STATE		DL #		LP STATE		LP # 92		INJURED TAKEN BY 1 1 NONE 2 OTHER 3 UNKNOWN 4 POCKET		TRANSPORTED BY		INJURED TAKEN TO															
OWNER NAME (IF SAME, WRITE "SAME") CITY OF NEW PHILADELPHIA				OWNER ADDRESS (STREET, CITY, STATE, ZIP CODE) 122 2ND ST SE NEW PHILADELPHIA OH 44663																							
YEAR 2009		MAKE CHEVROLET		MODEL IMPALA		COLOR BLACK		INSURANCE COMPANY KENNEDY INS AGEN		TOWING SERVICE NONE		OWNER PHONE # (330)343-4488															
OFFENSE CHARGED				OFFENSE DESCRIPTION						CITATION #		LOCAL CODE <input type="checkbox"/> YES															
B UNIT # 02		# OF OCC 2		NAME (LAST, FIRST, MIDDLE)																							
ADDRESS (STREET, CITY, STATE, ZIP CODE)																											
SOCIAL SECURITY NUMBER				DATE OF BIRTH 11		AGE		SEX		HOME PHONE #		WORK PHONE # (330)339-1103															
DL STATE		DL #		LP STATE		LP # 1938		INJURED TAKEN BY 1 1 NONE 2 OTHER 3 UNKNOWN 4 POCKET		TRANSPORTED BY		INJURED TAKEN TO															
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YEAR 0		MAKE FORD		MODEL CROWN VICT		COLOR WHITE		INSURANCE COMPANY SELF INSURED		TOWING SERVICE NONE		OWNER PHONE # (330)339-1103															
OFFENSE CHARGED				OFFENSE DESCRIPTION						CITATION #		LOCAL CODE <input type="checkbox"/> YES															
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ADDRESS (STREET, CITY, STATE, ZIP CODE) 724 UNION AVE NEW PHILADELPHIA OH 44663				INJURED TAKEN BY 1 1 NONE 2 OTHER 3 UNKNOWN 4 POCKET		TRANSPORTED BY		INJURED TAKEN TO																			
D UNIT # 02		# OF OCC 2		NAME (LAST, FIRST, MIDDLE) SMITH RONALD D																							
ADDRESS (STREET, CITY, STATE, ZIP CODE) 806 MAPLE AVE NEW PHILADELPHIA OH 44663				INJURED TAKEN BY 1 1 NONE 2 OTHER 3 UNKNOWN 4 POCKET		TRANSPORTED BY		INJURED TAKEN TO																			
SEATING POSITION				SAFETY EQUIPMENT				AIR BAG				AIR BAG SWITCH				EJECTION				TRAPPED				INJURIES			
A <input type="checkbox"/> CURRENT LEFT (NO DABES) B <input type="checkbox"/> CURRENT MIDDLE C <input type="checkbox"/> CURRENT RIGHT D <input type="checkbox"/> CURRENT LEFT (NO DABES) E <input type="checkbox"/> CURRENT MIDDLE F <input type="checkbox"/> CURRENT RIGHT G <input type="checkbox"/> CURRENT LEFT (NO DABES) H <input type="checkbox"/> CURRENT MIDDLE I <input type="checkbox"/> CURRENT RIGHT J <input type="checkbox"/> CURRENT LEFT (NO DABES) K <input type="checkbox"/> CURRENT MIDDLE L <input type="checkbox"/> CURRENT RIGHT M <input type="checkbox"/> CURRENT LEFT (NO DABES) N <input type="checkbox"/> CURRENT MIDDLE O <input type="checkbox"/> CURRENT RIGHT P <input type="checkbox"/> CURRENT LEFT (NO DABES) Q <input type="checkbox"/> CURRENT MIDDLE R <input type="checkbox"/> CURRENT RIGHT S <input type="checkbox"/> CURRENT LEFT (NO DABES) T <input type="checkbox"/> CURRENT MIDDLE U <input type="checkbox"/> CURRENT RIGHT V <input type="checkbox"/> CURRENT LEFT (NO DABES) W <input 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type="checkbox"/> CURRENT MIDDLE ON <input type="checkbox"/> CURRENT RIGHT OO <input type="checkbox"/> CURRENT LEFT (NO DABES) OP <input type="checkbox"/> CURRENT MIDDLE OQ <input type="checkbox"/> CURRENT RIGHT OR <input type="checkbox"/> CURRENT LEFT (NO DABES) OS <input type="checkbox"/> CURRENT MIDDLE OT <input type="checkbox"/> CURRENT RIGHT OU <input type="checkbox"/> CURRENT LEFT (NO DABES) OV <input type="checkbox"/> CURRENT MIDDLE OV <input type="checkbox"/> CURRENT RIGHT OW <input type="checkbox"/> CURRENT LEFT (NO DABES) OX <input type="checkbox"/> CURRENT MIDDLE OY <input type="checkbox"/> CURRENT RIGHT OZ <input type="checkbox"/> CURRENT LEFT (NO DABES) PA <input type="checkbox"/> CURRENT MIDDLE PB <input type="checkbox"/> CURRENT RIGHT PC <input type="checkbox"/> CURRENT LEFT (NO DABES) PD <input type="checkbox"/> CURRENT MIDDLE PE <input type="checkbox"/> CURRENT RIGHT PF <input type="checkbox"/> CURRENT LEFT (NO DABES) PG <input type="checkbox"/> CURRENT MIDDLE PH <input type="checkbox"/> CURRENT RIGHT PI <input type="checkbox"/> CURRENT LEFT (NO DABES) PJ <input type="checkbox"/> CURRENT MIDDLE PK <input type="checkbox"/> CURRENT RIGHT PL <input type="checkbox"/> CURRENT LEFT (NO DABES) PM <input type="checkbox"/> CURRENT MIDDLE PN <input type="checkbox"/> CURRENT RIGHT PO <input type="checkbox"/> CURRENT LEFT (NO DABES) PP <input type="checkbox"/> CURRENT MIDDLE PQ <input type="checkbox"/> CURRENT RIGHT PR <input type="checkbox"/> CURRENT LEFT (NO DABES) PS <input type="checkbox"/> CURRENT MIDDLE PT <input type="checkbox"/> CURRENT RIGHT PU <input type="checkbox"/> CURRENT LEFT (NO DABES) PV <input type="checkbox"/> CURRENT MIDDLE PV <input type="checkbox"/> CURRENT RIGHT PW <input type="checkbox"/> CURRENT LEFT (NO DABES) PX <input type="checkbox"/> CURRENT MIDDLE PY <input type="checkbox"/> CURRENT RIGHT PZ <input type="checkbox"/> CURRENT LEFT (NO DABES) QA <input type="checkbox"/> CURRENT MIDDLE QB <input type="checkbox"/> CURRENT RIGHT QC 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LOCAL REPORT #
11-1470

NARRATIVE

UNIT #1 AND UNIT #2 WERE PARKED ON PRIVATE PROPERTY. UNIT #1 BEGAN TO ROLL AND STRUCK UNIT #2.

MANNER OF COLLISION OR IMPACT

6

1. FRONT END DETACHED
2. TWO VEHICLES
3. COLLISION
4. REAR END
5. HEAD ON
6. SIDE IMPACT
7. FRONT-TO-REAR
8. REAR-TO-REAR
9. OTHER

SCHOOL BUS RELATED

1

1. YES
2. NO

WORK ZONE RELATED

1

1. YES
2. NO

DIAGRAM

COMMERCIAL PARKWAY

1 2

Rees
Cast
Stone

WEATHER

06

1. CLEAR
2. CLOUDY
3. OVERCAST
4. RAIN
5. SLEET
6. SNOW
7. FOG
8. OTHER

TYPE OF WORK ZONE

1

1. CONSTRUCTION
2. ROAD CLOSURE
3. OTHER

LOCATION OF CRASH IN WORK ZONE

1

1. BEFORE THE FIRST WORK ZONE
2. IN THE WORK ZONE
3. AFTER THE LAST WORK ZONE

LIGHT CONDITIONS

PRIMARY SECONDARY

5

1. DAYLIGHT
2. DAWN
3. DUSK
4. DARK - LIGHTED ROADWAY
5. DARK - UNLIGHTED ROADWAY
6. DARK - UNKNOWN
7. OTHER

WORKERS PRESENT

1

1. YES
2. NO

TRUCK/UNIT

UNIT #

THE CRASH RESULTED IN ONE OF THE FOLLOWING:
1. TRUCK/UNIT OR VEHICLE WITH A GVWR OF 10,000 LBS. OR MORE
2. TRUCK/UNIT OR VEHICLE WITH A GVWR OF 10,000 LBS. OR MORE
3. TRUCK/UNIT OR VEHICLE WITH A GVWR OF 10,000 LBS. OR MORE

THE CRASH RESULTED IN ONE OF THE FOLLOWING:
A. FATALITY OR
B. INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT OR
C. AT LEAST ONE VEHICLE WAS TOWED DUE TO REPAIRING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUCO	TRAILER LP ST	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA
CARGO BODY TYPE	VEHICLE	VEHICLE	WEIGHT (GVWR)	CDL CLASS	HAZARDOUS MATERIAL	HAZARDOUS MATERIAL	HAZARDOUS MATERIAL
1. BOX TRAILER 2. FLATBED 3. OTHER	1. TRUCK 2. TRAILER 3. OTHER	1. TRUCK 2. TRAILER 3. OTHER	1. 10,000-14,999 2. 15,000-19,999 3. 20,000-24,999	1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS D 5. CLASS E	1. YES 2. NO 3. UNKNOWN	1. YES 2. NO 3. UNKNOWN	1. YES 2. NO 3. UNKNOWN

POLICE ACTION

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
2/22/2011	15:46	15:46	15:46	16:00	30	44
OFFICER'S NAME	BADGE #	CHECKED BY	DATE REPORT FILED			
PATROLMAN CHAD M. MOWRER	523		2/22/2011			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT 'X' IF YES		LOCAL REPORT #		
1. POLICE AGENCY 2. MOTORIST	1. CITY 2. COUNTY 3. TOWNSHIP			11-1470		